

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

Filing Date

Applicant(s)

10/58588

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51					
2			1					52					
3			1					53					
4			1					54					
5			1					55					
6			1					56					
7			1					57					
8			1					58					
9			1					59					
10			1					60					
11			1					61					
12			1					62					
13			1					63					
14			1					64					
15			1					65					
16			1					66					
17			1					67					
18			1					68					
19			1					69					
20			1					70					
21			1					71					
22			1					72					
23			1					73					
24			1					74					
25			1					75					
26			1					76					
27			1					77					
28			1					78					
29			1					79					
30			1					80					
31			1					81					
32			1					82					
33			1					83					
34			1					84					
35			1					85					
36			1					86					
37			1					87					
38			1					88					
39			1					89					
40			1					90					
41			1					91					
42			1					92					
43			1					93					
44			1					94					
45			1					95					
46			1					96					
47			1					97					
48			1					98					
49			1					99					
50			1					100					
TOTAL REQ.			1					TOTAL REQ.			1		
TOTAL DEP.			1					TOTAL DEP.			1		
TOTAL CLAIMS			12					TOTAL CLAIMS			12		